07/09/2010 11:14

Image# 10990836000

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For O	tner I nan An	Authorize	ea Commi	ittee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LAE		xample:If typi ver the lines	ng, type				
L	HCR Manor Care PAC	1 1 1	1 1 1 1 1							
		1 1 1					1 1 1		1 1 1	
A <u>D</u>	DRESS (number and street)	333	North Summit Str	eet			1 1 1			
_	Check if different	16th	h Floor	1 1 1			1 1 1		1 1 1	.
L	than previously reported. (ACC)	Tole	edo				ОН	436	604 20	617
2.	FEC IDENTIFICATION NUM	BER	~	CITY 🛋			STATE	Z	IPCODE	A
	C00260141		;	3. IS THIS REPOR	T X	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b)	Monthly Report Due On:	Feb 20 (M2	3)	May 20 (M5)	Ħ	Aug 20 (M8) Sep 20 (M9)	De (No Yea	ov 20 (M11) on-Election ar Only) oc 20 (M12) on-Election ar Only)
	April 15 Quarterly Report(Q	1) -		Apr 20 (M4	ŀ)	Jul 20 (M7)		Oct 20 (M10)	Jai	n 31 (YE)
	X July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3)		(c) 12-Day	12-Day Primar PRE-Election	Primary (1	y (12P)	General (12G)		Ru	noff (12R)
			Report for the		Convention	n (12C)	Spec	ial (12S)		
	January 31 Quarterly Report(YI		E	Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	'	(d) 30-Day Post -Electi Report for th		General (3	30G)	Rund	off (30R)	Sp	ecial (30S)
	Termination Report (TER)		E	Election on			• •		n the State of	
5.	Covering Period 0 4		01 201	0	through	0 6	30	2010		
	rtify that I have examined this F		and to the best of mr. Adam Swartz	ny knowledge	e and belief it	is true, correct	and compl	ete.		
		nically Fi	Filed by Mr. Ada	m Swartz		ſ	Data	07 09	20	1 0
ыg	nature of Treasurer Ele <u>ctror</u>	, - 1				l	Date	0,	1 20	. 0
NO	TE : Submission of false, error	neous, o	or incomplete inform	nation may s	subject the pe	erson signing th	is Report to	the penalties o	f 2 U.S.C	437g.
	Office Use								FORM 3	3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 67

Write or Type Committee Name HCR Manor Care PAC

FEC Form 3X (Rev. 02/2003)

	COLUMN A COLUMN B This Period Calendar Year-to-Date			
ı	0.4	0.1 2.0.1.0	06 20 2010	
6.	(a) Cash on Hand January 1 2010 Y Y Y		31882.17	
	(b) Cash on Hand at Begining of Reporting Period	77239.77		
	(c) Total Receipts (from Line 19)	56877.52	132633.57	
	(d) Subtotal (add lines 6(b) and			
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	134117.29	164515.74	
7.	Total Disbursements (from Line 31)	68760.91	99159.36	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65356.38	65356.38	
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00		
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00		

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 67

Write or Type Committee Name HCR Manor Care PAC

Report Covering the Period:

From: 0 4

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2010

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Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	44657.86	100925.26
(ii) Unitemized	12207.59	31059.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56865.45	131984.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56865.45	131984.77
Transfers From Affiliated/Other Party Committees	0.00	629.73
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	12.07	19.07
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56877.52	132633.57
. Total Federal Receipts (subtract Line 18(c) from Line 19)	56877.52	132633.57

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 67

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		l .
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	110.01	264.26
	Expenditures(c) Total Operating Expenditures	110.91	264.36
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	110.91	264.36
22.	Transfers to Affiliated/Other Party		
3	Committees Contributions to	0.00	0.00
.0.	Federal Candidates/Committeesand Other Political Committees	42000.00	67400.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
.J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
.0.	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	26650.00	31495.00
iU.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68760.91	99159.36
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	68760.91	99159.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 67

III. Net	Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	outions (other than loans) (d), page 3)	56865.45	131984.77
	oution Refunds B(d))	0.00	0.00
	tions (other than loans) e 34 from Line 33)	56865.45	131984.77
	I Operating Expenditures (a)(i) and Line 21(b))	110.91	264.36
	perating Expenditures 5, page 3)	0.00	0.00
•	g Expenditures e 37 from Line 36)	110.91	264.36

FE6AN026

	EDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 67 (check only one) X 11a
or for o	formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
) HC	CR Manor Care PAC		
	l Name (Last, First, Middle Initial) arlean Adams		Date of Receipt
Mai	iling Address 3523 East Manitou Circ		06 23 7 2010
City M u	/ uskegeon	State Zip Code MI 49441	Transaction ID: SA11AI.31733 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	299.50
Nar HC	me of Employer R Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction \$44 /pay
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 553.30	
	l Name (Last, First, Middle Initial) Gayla M. Adams		Date of Receipt
Mai	iling Address 239 County Rd 4328	0 6 1 6 2 0 1 0	
City		State Zip Code	Transaction ID: SA11AI.31734
	naha	TX 75974	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	104.60
Nar HC	me of Employer R Manor Care, Inc.	Occupation Administrator - Holiday	Bi-weekly payroll deduction \$26.15 /pay
Red	ceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	261.50	
	l Name (Last, First, Middle Initial) uletta Adams		Date of Receipt
Mai	iling Address 1303 Temple Hills Drive	0 4 1 6 2 0 1 0	
City		State Zip Code	Transaction ID: SA11AI.31604
FE	guna Beach C ID number of contributing eral political committee.	CA 92651	Amount of Each Receipt this Period 2000.00
Nar HC	me of Employer R Manor Care, Inc.	Occupation General Manager - HHHH	Contribution
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
- CURT	OTAL of Receipts This Page (optional)		2404.10

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCR Manor Care PAC	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin D Allen Mailing Address 7151 Whispering C City Sylvania	Pak State Zip Code OH 43560	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation AVP / Dir Internal Aud & Risk Aggregate Year-to-Date 600.00	Bi-weekly payroll deduction \$100 /pay
Full Name (Last, First, Middle Initial) Michael Armstrong Mailing Address 115 N. Remington City Bexley	Rd. State Zip Code OH 43209	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 298.80	Bi-weekly payroll deduction \$24.90 /pay
Full Name (Last, First, Middle Initial) Deborah A Arrendale Mailing Address 7100 Sunshine Sky #401 City St. Petersburg	way Lane South State Zip Code FL 33711	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare, Inc. Receipt For: Primary General Other (specify)	Occupation 4H East Div. General Mgr. Aggregate Year-to-Date ▼ 965.93	Bi-weekly payroll deduction \$61.32 /pay
SUBTOTAL of Receipts This Page (optional	1)	1333.13

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Paul J Barber Mailing Address 6240 N. Broadway City Freeport FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare, Inc.	State Zip Code MI 49325 C Occupation	Date of Receipt M M M
Receipt For: Primary Other (specify)	Administrator Aggregate Year-to-Date ▼ 304.59	
Full Name (Last, First, Middle Initial) Ms Tammy Barker Mailing Address 4521 Sutton Rd		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.32137
Britton	MI 49229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, LLC. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation AVP - Quality Support Svcs Aggregate Year-to-Date 321.06	Bi-weekly payroll deduction \$53.51 /pay
Full Name (Last, First, Middle Initial)		
Suzanne L Baron Mailing Address 134 Lakeshore Dr. #	414	Date of Receipt Date of Receipt
City	State Zip Code	Transaction ID: SA11Al.31751
North Palm Beach FEC ID number of contributing federal political committee.	FL 33408	Amount of Each Receipt this Period 95.38
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$15.38 /pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.38	
SUBTOTAL of Receipts This Page (optional)	•	554.89

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	HCR Manor Care PAC		
, ,	Full Name (Last, First, Middle Initial) Joseph A Barrick		Date of Receipt
	Mailing Address 448 Woodcrest Dr		06 23 7 2010
	City	State Zip Code	Transaction ID: SA11AI.31752
	Mechanicsburg	PA 17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.14
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$27.69 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	328.14	
	Full Name (Last, First, Middle Initial) Charles Batcher	Date of Receipt	
	Mailing Address 910 Orchard Drive	0 6 2 3 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.31754
	Rossford	OH 43460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	243.66
	Name of Employer HCR Manor Care, Inc.	Occupation Director - Dementia Services	Bi-weekly payroll deduction \$40.61 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	243.66	
	Full Name (Last, First, Middle Initial) Julie A Beckert		Date of Receipt
	Mailing Address 3911 Buell Ave		0 6 2 3 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.31756
	Toledo	OH 43613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	280.00
	Name of Employer HCR ManorCare Inc.	Occupation Dir. Marketing/Communications	Bi-weekly payroll deducti- on \$40 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 529.18	
	NUDTOTAL of Descript This Days (estimate)		689.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 67 (check only one) X 11a		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Katherine Benkowski Mailing Address 9811 Perfect Drive City Port St. Lucie FEC ID number of contributing federal political committee. Name of Employer HCR.ManorCare, Inc.	State Zip Code FL 34986 C Occupation Manager of Clincal Education	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Jean Tina Blahofski Mailing Address 6023 Amelia Terrace	Jean Tina Blahofski			
City	State Zip Code	0 6 2 3 2 0 1 0 Transaction ID: SA11AI.31759		
Sugar Land	TX 77479	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00 Bi-weekly payroll deducti-		
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops	Bi-weekly payroll deducti- on \$25 /pay		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00			
Full Name (Last, First, Middle Initial) Kari Boice		Date of Receipt		
Mailing Address 40110 20th Place Ea	st	06 02 2010		
City	State Zip Code	Transaction ID: SA11AI.31760		
Makka City	FL 34251	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	221.15		
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops	Bi-weekly payroll deducti- on \$44.23 /pay		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 486.53			
SUBTOTAL of Receipts This Page (optional)	1	1346.15		

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
or for o	formation copied from such Reports and Si commercial purposes, other than using the ME OF COMMITTEE (In Full) CR Manor Care PAC	atements may not be sold or used by an name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Ful L. <u>Jar</u>	Il Name (Last, First, Middle Initial) mes R Bolton illing Address 2209 Bayward Blvd		Date of Receipt 0 6 1 6 2 0 1 0
	ilmington	State Zip Code DE 19802	Transaction ID: SA11AI.31762 Amount of Each Receipt this Period
fed	C ID number of contributing leral political committee. me of Employer CR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$25 /pay
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	70
. Pa	Il Name (Last, First, Middle Initial) mella S Britt illing Address 27135 State Rt 49		Date of Receipt 0 6 1 6 2 0 1 0
Cit	•	State Zip Code	Transaction ID: SA11AI.31768
FE	otomac C ID number of contributing leral political committee.	IL 61865	Amount of Each Receipt this Period 300.00
Na HC	me of Employer CR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$50 /pay
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.7	76
	II Name (Last, First, Middle Initial) vid Burke		Date of Receipt
Ma	iling Address 3908 Trickling Brook D	06 23 7 2010	
Cit	y chmond	State Zip Code VA 23228	Transaction ID: SA11AI.31773 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C	269.22
Na HC	me of Employer CR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$38.46 /pay
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	98
SUBT	FOTAL of Receipts This Page (optional)		711.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	HCR Manor Care PAC		
۱.	Full Name (Last, First, Middle Initial) Candace Burks-McCoy Mailing Address 6115 North Ridge Ro.	ad.	Date of Receipt
			06 23 2010
	City Ft. Worth	State Zip Code TX 76135	Transaction ID: SA11AI.31774 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	211.00
	Name of Employer HCR.ManorCare, Inc.	Occupation Senior Manager Clinical Services	Bi-weekly payroll deducti- on \$31 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	
	Full Name (Last, First, Middle Initial) Charlie Byrne	Date of Receipt	
	Mailing Address 4685 Rio Poco Ct	06 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.31776
	Naples FEC ID number of contributing federal political committee.	FL 34109	Amount of Each Receipt this Period 322.00
	Name of Employer HCR. Manor Care, Inc	Occupation Administrator	Bi-weekly payroll deducti- on \$46 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	
_	Full Name (Last, First, Middle Initial) Shirley D Cabildo		Date of Receipt
	Mailing Address 38 Bentley Court		0 6 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.31777
	Bedminster FEC ID number of contributing federal political committee.	NJ 07921	Amount of Each Receipt this Period 269.22
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$38.46 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Γ	SUBTOTAL of Receipts This Page (optional)		802.22

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) HCR Manor Care PAC	d Statements may the name and add	l y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. William Chenevert Mailing Address 620 Ashbury Drive			Date of Receipt
City Perrysburg FEC ID number of contributing	State OH	Zip Code 43551	Transaction ID: SA11AI.31785 Amount of Each Receipt this Period
federal political committee. Name of Employer HCR.ManorCare, Inc. Receipt For: Primary General		n sident, Operations Support Year-to-Date ▼	Bi-weekly payroll deduction \$192.31 /pay
Other (specify) Full Name (Last, First, Middle Initial) Karen R Clark Mailing Address 707 W. Burton	0 0	2500.03	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nevada FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For:	State MO C Occupation Administ Aggregate		Amount of Each Receipt this Period 129.78 Bi-weekly payroll deduction \$21.63 /pay
Full Name (Last, First, Middle Initial) Lenette A Clark Mailing Address 1259 Tower Court			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bourbannais FEC ID number of contributing federal political committee.	State IL C	Zip Code 60914	Amount of Each Receipt this Period 237.19
Name of Employer HCR Manor Care, Inc Receipt For: Primary General Other (specify) ▼	Occupation Administ Aggregate		Bi-weekly payroll deducti- on \$34.65 /pay
SUBTOTAL of Receipts This Page (optional))		1713.14

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 67 (check only one) X
	ny information supports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	name and address of any political committee	to solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Rosmary Conroy Mailing Address 7002 Franklin Road		Date of Receipt 0 6 2 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.31794
	Mars	PA 16046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	140.00
	Name of Employer HCR ManorCare Inc.	Occupation Director of Nursing	Bi-weekly payroll deducti- on \$20 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
_ 3.	Full Name (Last, First, Middle Initial) Ms Pamela Cox Mailing Address 6238 Shadowood Circl	Date of Receipt	
	Mailing Address 6238 Snadowood Circi	05 19 2010	
	City Naples	State Zip Code FL 34112	Transaction ID: SA11AI.31796
	FEC ID number of contributing federal political committee.	C 34112	Amount of Each Receipt this Period 120.00
	Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$30 /pay
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
_).	Full Name (Last, First, Middle Initial) Ms. Cecilia Credille Mailing Address 534 Hevern Drive	Date of Receipt 0 5 1 4 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.31632
	Wheaton	IL 60187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	800.00
	Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)		1060.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	HCR Manor Care PAC		
	Full Name (Last, First, Middle Initial) Lynn Creighton		Date of Receipt
	Mailing Address 200 Commonwealth D		06 23 7 2010
	City	State Zip Code	Transaction ID: SA11AI.31797
	Bolingbrook FEC ID number of contributing	IL 60440	Amount of Each Receipt this Period 108.64
	federal political committee.		
	Name of Employer HCR Manor Care, Inc.	Occupation Director of Nursing	Bi-weekly payroll deduction \$15 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	209.56	5 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
	Full Name (Last, First, Middle Initial) Victoria A Crenshaw		Date of Receipt
	Mailing Address 736 Virginia Dare Dr	0 6 2 3 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.31798
	Virginia Beach	VA 23451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	234.16
	Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Bi-weekly payroll deducti- on \$58.54 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	234.16	
_	Full Name (Last, First, Middle Initial) Johanna J Crowder	<u> </u>	Date of Receipt
	Mailing Address 31524 Delaware		0 6 2 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.31799
	<u>Livonia</u>	MI 48150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	243.84
	Name of Employer HCR ManorCare Inc.	Occupation Regional Marketing Manager	Bi-weekly payroll deducti- on \$38.46 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	423.84	
Г			586.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) HCR Manor Care PAC	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Karen L Davidson Mailing Address 612 W. Magnolia City Pana FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify)	State Zip Code IL 62557 C Occupation Dir^ Clinical Services Aggregate Year-to-Date 707.00	Date of Receipt M M 23 2010 Transaction ID: SA11AI.31804 Amount of Each Receipt this Period 389.00 Bi-weekly payroll deduction \$56 /pay
Full Name (Last, First, Middle Initial) Janet E Diehl Mailing Address 3903 BARBARA ANI City MONROEVILLE FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify)	State Zip Code PA 15146 C Occupation Regional Dir of Ops Aggregate Year-to-Date 687.60	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Nancy Edwards Mailing Address 5726 Rolbesay Drive City Dublin FEC ID number of contributing federal political committee. Name of Employer HCR.ManorCare, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43017 C Occupation General Manager, Central Division Aggregate Year-to-Date 2307.66	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2005.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 67 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda J Emmett Mailing Address 10408 Meadowlark Ct.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.31823
Bonney Lake FEC ID number of contributing federal political committee.	WA 98391	Amount of Each Receipt this Period
Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Director of Operations Aggregate Year-to-Date 310.00	Bi-weekly payroll deduction \$30 /pay
Full Name (Last, First, Middle Initial) Mr. R. Michael Ferguson Mailing Address 2450 Underhill Road		Date of Receipt 0 5 2 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.31826
<u>Toledo</u>	OH 43615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60 Bi-weekly payroll deducti-
Name of Employer HCR.ManorCare, Inc.	Occupation Vice President, Purchasing	Bi-weekly payroll deduction \$76.92 /pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12	
Full Name (Last, First, Middle Initial) Karen L Forrest		Date of Receipt
Mailing Address 3115 Wynstone Dr		06 23 2010
City	State Zip Code	Transaction ID: SA11AI.31833
Quincy	IL 62305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	385.76
Name of Employer HCR ManorCare Inc.	Occupation Regional Director of Operation	Bi-weekly payroll deducti- on \$50 /pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 757.28	
SUBTOTAL of Receipts This Page (optional)		960.36

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \	ony information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
/	HCR Manor Care PAC Full Name (Last, First, Middle Initial)		
	Jamie Fox Mailing Address 705A Allentown Rd		Date of Receipt M
	City <u>Se</u> llersville	State Zip Code PA 18960	Transaction ID: SA11AI.31835 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	160.11
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$23.08 /pay
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 289.89	
_	Full Name (Last, First, Middle Initial) George Frill		Date of Receipt
	Mailing Address 2006 Hale Ct	06 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.31837
	Wyomiseing	PA 19610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Ri-weekly payroll deducti-
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Laureldale	Bi-weekly payroll deducti- on \$23.59 /pay
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	305.06	
	Full Name (Last, First, Middle Initial) Mr. Gary T. Geise	Date of Receipt	
	Mailing Address 825 Ashbury Dr.		06 23 7 9 9 9
	City Perrysburg	State Zip Code OH 43551	Transaction ID: SA11AI.31842 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 43331	141.93
	Name of Employer HCR Manor Care, Inc.	Occupation Director of Reimbursement	Bi-weekly payroll deducti- on \$47.31 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.79	
	SURTOTAL of Receipts This Page (ontional)		466.94

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Delbert E Gilman Mailing Address 18600 E Wilshire		Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.31844
Jones FEC ID number of contributing federal political committee.	OK 73049	Amount of Each Receipt this Period 184.24
Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date ▼ 342.16	Bi-weekly payroll deducti- on \$26.32 /pay
Full Name (Last, First, Middle Initial) Mr. Leonard Grabijas Mailing Address 2682 Ravine Side North	th	Date of Receipt 0 6 2 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.32146
Howell FEC ID number of contributing federal political committee. Name of Employer	MI 48843 C Occupation	Amount of Each Receipt this Period 399.00 Bi-weekly payroll deduction \$57 /pay
Receipt For: Primary Other (specify)	VP Sales & Mkting Aggregate Year-to-Date ▼ 399.00	
Full Name (Last, First, Middle Initial) James Grady		Date of Receipt
Mailing Address 1311 Old Taylor Trail		06 23 7 9 9 10
City Goshen	State Zip Code KY 40026	Transaction ID: SA11AI.31853
FEC ID number of contributing federal political committee.	KY 40026	Amount of Each Receipt this Period 335.65
Name of Employer HCR Manor Care Inc	Occupation Regional Director of Operations	Bi-weekly payroll deducti- on \$57 /pay
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.03	
SUBTOTAL of Receipts This Page (optional)	1	918.89

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20767 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HCR Manor Care PAC	THE HATTLE AND AUG	aress or any political committee to	Solicit contributions from such committees.
Full Name (Last, First, Middle Initial) Ruth G Graziano			Date of Receipt
Mailing Address 503 Elk Mills Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oxford	State PA	Zip Code	Transaction ID: SA11AI.31854
FEC ID number of contributing federal political committee.	C	19363	Amount of Each Receipt this Period 455.00
Name of Employer HCR ManorCare Inc.	Occupation Regional	n Director of Operation	Bi-weekly payroll deducti- on \$65 /pay
Receipt For: Primary General Other (specify) ▼	_	Year-to-Date ▼ 820.00	
Full Name (Last, First, Middle Initial) Stephen L Guillard			Date of Receipt
Mailing Address 217 Garden St.			05 26 YYYYY
City Needham	State MA	Zip Code 02492	Transaction ID: SA11AI.31860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	961.49
Name of Employer HCR ManorCare Inc.	Occupation	n e Vice President	Bi-weekly payroll deducti- on \$192.25 /pay
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.35	
Full Name (Last, First, Middle Initial) Jill L Hale			Date of Receipt
Mailing Address 366 Burlington Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jackson	State OH	Zip Code 45640	Transaction ID: SA11AI.31864
FEC ID number of contributing federal political committee.	C	45040	Amount of Each Receipt this Period 140.00
Name of Employer HCR Manor Care, Inc.	Occupation Administ		Bi-weekly payroll deducti- on \$20 /pay
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1556.49

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11
\ \ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
/	HCR Manor Care PAC Full Name (Last, First, Middle Initial)		
۸.	Mr. Jeffrey Harris Mailing Address 25536 Seminary Rd		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11Al.32149
	Perrysburg	OH 43551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	280.00
	Name of Employer HCR Manor Care, LLC.	Occupation AVP Dir of Tech Svcs	Bi-weekly payroll deducti- on \$40 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
_ 3.	Full Name (Last, First, Middle Initial) Karen Harris	I	Date of Receipt
	Mailing Address 8250 SW 8th St	06 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.31869
	North Lauderdale FEC ID number of contributing federal political committee.	FL 33068	Amount of Each Receipt this Period 171.30
	Name of Employer HCR ManorCare Inc.	Occupation Assistant Administrator	Bi-weekly payroll deducti- on \$28.55 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 331.38	
. –	Full Name (Last, First, Middle Initial) Mr. Alan Hash	1	Date of Receipt
	Mailing Address 9496South Dunbar Ci	rcle	06 23 2010
	City <u>South Jordan</u>	State Zip Code UT 84095	Transaction ID: SA11AI.31870 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	403.83
	Name of Employer HCR Manor Care, Inc.	Occupation Regional Director - Western Division 5	Bi-weekly payroll deducti- on \$57.69 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 703.83	
	SURTOTAL of Receipts This Page (ontional)	>	855.13

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 67 (check only one) X 11a 11b 11c 12
Any inforn	nation copied from such Reports and S	tatements may	not be sold or used by any perso	n for the purpose of soliciting contributions
		name and add	dress of any political committee to	o solicit contributions from such committee.
\	OF COMMITTEE (In Full) Manor Care PAC			
	ame (Last, First, Middle Initial) y R Hempfling			Date of Receipt
	g Address 301 Broadhead			06 17 2010
City		State	Zip Code	Transaction ID: SA11AI.31872
<u>Midla</u>	nd	MI	40642	Amount of Each Receipt this Period
	O number of contributing political committee.	C		181.59
Name HCR N	of Employer Manor Care, Inc.	Occupation Administ		Bi-weekly payroll deducti- on \$22.54 /pay
Receip	ot For:		Year-to-Date ▼	7
	Primary General	33 13		1
	Other (specify) ▼	0 0	205.59	
	ame (Last, First, Middle Initial) C Henricks			Date of Receipt
Mailing	Address 23 Chicago St. Apt.G			06 23 2010
City		State	Zip Code	Transaction ID: SA11AI.31874
<u>Plain</u>	field	<u> </u>	60544	Amount of Each Receipt this Period
FEC II federa	O number of contributing political committee.	C		343.00
Name HCR I	of Employer ManorCare Inc.	Occupation Regional	n Director of Operation	Bi-weekly payroll deducti- on \$49 /pay
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 343.00	
	ame (Last, First, Middle Initial) tt H Henry			Date of Receipt
Mailing	Address 7531 Plantation			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.31875
<u>Mirim</u>	ıar	FL	33023	Amount of Each Receipt this Period
	O number of contributing political committee.	C		108.90
Name HCR N	of Employer Manor Care, Inc.	Occupation Director	n of Nursing	Bi-weekly payroll deducti- on \$18.15 /pay
Receip	ot For:	. '	Year-to-Date ▼	7
	Primary General Other (specify) ▼		213.18]
				200 10
SUBTOT	TAL of Receipts This Page (optional)			633.49

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may le name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	HCR Manor Care PAC			
	Full Name (Last, First, Middle Initial) Mary I Herman			Date of Receipt
	Mailing Address 418 Highland Ave. RF			06 16 2010
	City Clarks Summit	State PA	Zip Code	Transaction ID: SA11AI.31876
	FEC ID number of contributing federal political committee.	C	18411	Amount of Each Receipt this Period 172.20
	Name of Employer HCR ManorCare Inc.	Occupation Administr		Bi-weekly payroll deduction \$28.70 /pay
	Receipt For: Primary General Other (specify)		Year-to-Date ▼	
-	Full Name (Last, First, Middle Initial) Ms Theresa Heyde			Date of Receipt
	Mailing Address 202 N. Elm Hurst Rd.	0 6 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.31878
	Prospect Heights	<u> </u>	60070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		230.00
	Name of Employer HCR Manor Care, LLC.	Occupation Senior Ac	ı İministrator	Bi-weekly payroll deducti- on \$30 /pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 434.00	
	Full Name (Last, First, Middle Initial) Scott Hochstadt			Date of Receipt
	Mailing Address 24106 Nottingham Av	/e		06 02 7 2010
	City <u>Plainfield</u>	State IL	Zip Code 60585	Transaction ID: SA11AI.31880 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		106.60
	Name of Employer HCR Manor Care, Inc.	Occupation Assistant	Administrator	Bi-weekly payroll deducti- on \$21.32 /pay
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.52	
Γ,	SUBTOTAL of Receipts This Page (optional) .			508.80

Any inform	DULE A (FEC Form 3X) ZED RECEIPTS nation copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persi	FOR LINE NUMBER: PAGE 24 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for con	onercial purposes, other than using the OF COMMITTEE (In Full) Manor Care PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
A. Sharor Mailing City Taco FEC II federa Name HCR	O number of contributing I political committee. of Employer Manor Care, Inc.		Zip Code 98407 on trator in Training e Year-to-Date ▼ 278.80	Date of Receipt M M D D 2 3 2 0 1 0
B. Lynn Mailing City Welli FEC II federa Name HCR	ngton O number of contributing I political committee. of Employer ManorCare Inc.	State FL C Occupation Asst Ger	Zip Code 33414 on neral Mgr e Year-to-Date ▼ 630.00	Date of Receipt M M
City Perry FEC II federa Name HCR.I	ame (Last, First, Middle Initial) n Hoops g Address 24708 McCutchenville I sburg D number of contributing I political committee. of Employer ManorCare, Inc. ot For: Primary General Other (specify)	State OH C Occupation VP of Ta		Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTO	TAL of Receipts This Page (optional)			1286.52

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pole name and address of any political committee	erson for the purpose of soliciting contributions
HCR Manor Care PAC		
Full Name (Last, First, Middle Initial)		
Patricia Hudson Mailing Address 1333 Cromly Ct.		Date of Receipt
Mailing Address 1333 Cromly Ct.		05 20 2010
City	State Zip Code	Transaction ID: SA11AI.31891
Maumee	OH 43537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	172.24
Name of Employer HCR Manor Care, Inc.	Occupation Reg. Director of 4H	Bi-weekly payroll deducti- on \$21.53 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	430.60	
Full Name (Last, First, Middle Initial) Kathleen Hutchison	1	Date of Receipt
Mailing Address 2692 Elton Circle		05 26 YYYYY 2010
City	State Zip Code	Transaction ID: SA11AI.31893
Lambertville	MI 48144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer HCR Manor Care, Inc.	Occupation Director Human Resources Ops S	Bi-weekly payroll deducti- on \$20 /pay Support
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Timothy J Irwin	1	Date of Receipt
Mailing Address 1497 Calloway Ct.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.31894
Howell FEO ID contributions	MI 48843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	230.85
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator	Bi-weekly payroll deducti- on \$46.15 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	507.75	
UBTOTAL of Receipts This Page (optional) .	1	503.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 67 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Diane Johnson Mailing Address 206 Ruth Road City Fleetwood FEC ID number of contributing federal political committee. Name of Employer HCR.ManorCare, Inc. Receipt For: Primary General Other (specify)	State Zip Code PA 19522 C Occupation Regional Director of Operations Aggregate Year-to-Date 566.83	Date of Receipt M M
Full Name (Last, First, Middle Initial) Nancy E Johnson Mailing Address 4266 Shire Landing City Hillard FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43026 C Occupation Regional Director of Ops Aggregate Year-to-Date 419.84	Date of Receipt M M / D D / Y Y Y Y Y O 4 1 4 2 0 1 0 Transaction ID: SA11AI.31903 Amount of Each Receipt this Period 104.96 Bi-weekly payroll deduction \$52.48 /pay
Full Name (Last, First, Middle Initial) Robert G Julius Mailing Address P O Box 538 Int. Train/Ctrl SVC 7 City Sylvania FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43560 C Occupation Mgr. Business Office Process Dev. Aggregate Year-to-Date ▼ 348.15	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		572.61

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	Statements may not be sold or used by any le name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
7 HOR Marior Care PAC		
Full Name (Last, First, Middle Initial) Elizabeth M Kaczor		Date of Receipt
Mailing Address 1689 Rauch Rd		06 09 2010
City	State Zip Code	Transaction ID: SA11AI.31908
Temperance	MI 48182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	192.34
Name of Employer HCR ManorCare Inc.	Occupation AVP HR Operations	Bi-weekly payroll deducti- on \$38.46 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	423.10	
Full Name (Last, First, Middle Initial) Susan M Kalas		Date of Receipt
Mailing Address 10839 Cambria Ct.		0 6 2 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.31909
Huntley	IL 60142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	124.56
Name of Employer HCR Manor Care, Inc.	Occupation Director of Nursing	Bi-weekly payroll deducti- on \$15 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	234.12	
Full Name (Last, First, Middle Initial) Linda Karling-Lott	1	Date of Receipt
Mailing Address 5 Palace Green Place)	06 16 2010
City	State Zip Code	Transaction ID: SA11AI.31911
Atlanta	GA 30318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	196.50
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$32.75 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	259.44	
NIDTOTAL (Consists This Days (self-self)		513.40

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	Statements may not be sold or used by any per te name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mrs. Kathy Karr Mailing Address 4430 Woodfield Drive City Bettendorf FEC ID number of contributing federal political committee.	State Zip Code IA 52722	Date of Receipt M M
	Name of Employer HCR Manor Care Inc. Receipt For: Primary General Other (specify) ▼	Occupation Senior Administrator Aggregate Year-to-Date 211.00	Bi-weekly payroll deduction \$17 /pay
	Full Name (Last, First, Middle Initial) Courtney L Kasper Mailing Address 2750 CR 110		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.31913
	Georgtown	TX 78626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	115.36
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$28.84 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	288.40	
_	Full Name (Last, First, Middle Initial) Anthony J. Keelin		Date of Receipt
	Mailing Address 2208 26th Avenue Sc	outh	05 26 YYYYY
	City	State Zip Code	Transaction ID: SA11AI.31915
	Fargo	ND 58103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	150.00
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator - Fargo	Bi-weekly payroll deducti- on \$30 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
	SUBTOTAL of Receipts This Page (optional)		384.36

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(check dilly dile)
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	Statements may not be sold or used by any ename and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dan Kight Mailing Address 2013 Orchard Rd City	State Zip Code	Date of Receipt M
	Toledo FEC ID number of contributing federal political committee.	OH 43606	Amount of Each Receipt this Period
	Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Mgr^ Pharmacy Ops Sprt Aggregate Year-to-Date ▼ 423.10	Bi-weekly payroll deducti- on \$38.46 /pay
В.	Full Name (Last, First, Middle Initial) Vivian Kiraly Mailing Address 103 Kama Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.31920
	Cross Lanes	WV 25313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	175.00
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$25 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
с. С.	Full Name (Last, First, Middle Initial) Andrew Koha		Date of Receipt
	Mailing Address 7620 Isaac Drive		06 23 2010
	City Middleburg Heights	State Zip Code OH 44130	Transaction ID: SA11AI.31923
	FEC ID number of contributing federal political committee.	C 44130	Amount of Each Receipt this Period 350.00
	Name of Employer HCR Manor Care, Inc.	Occupation RDO - Central 5	Bi-weekly payroll deducti- on \$50 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
	SUBTOTAL of Receipts This Page (optional)		717.34
ı	TOTAL This Period (last page this line number		•

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Amy LaFleur Mailing Address 207 S. Ann Arbor St. City Saline FEC ID number of contributing federal political committee. Name of Employer HCR. Manor Care, Inc Receipt For: Primary General	State Zip Code MI 48176 C Occupation Regional Director of Operations Aggregate Year-to-Date 278.84	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Amanda LaPorte Mailing Address 183 Iron Run Rd City Bethel Park	State Zip Code PA 15102	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Receipt For: Primary General Other (specify)	C Occupation RDO Aggregate Year-to-Date ▼ 400.00	400.00 Credit Card Contribution - MC
Full Name (Last, First, Middle Initial) Barry A Lazarus Mailing Address 2629 Liverpool Ct	•	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Toledo FEC ID number of contributing federal political committee.	State Zip Code OH 43617	Transaction ID: SA11AI.31933 Amount of Each Receipt this Period 539.00
Name of Employer HCR ManorCare Inc. Receipt For: Primary Other (specify) ▼	Occupation VP^ Reimbursement Aggregate Year-to-Date ▼ 539.00	Bi-weekly payroll deducti- on \$77 /pay
SUBTOTAL of Receipts This Page (optional).	1	1102.46

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
/	HCR Manor Care PAC Full Name (Last, First, Middle Initial)		T-
	Deborah Lewis Mailing Address 2432 21st Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State Zip Code MI 48192	Transaction ID: SA11AI.31936
	Wyandotte FEC ID number of contributing federal political committee.	MI 48192	Amount of Each Receipt this Period 265.38
	Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deducti- on \$44.23 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.38	
_	Full Name (Last, First, Middle Initial) Carrie Lund		Date of Receipt
	Mailing Address 14802 Dunston Place		06 23 2010
	City	State Zip Code	Transaction ID: SA11AI.31943
	Tampa FEC ID number of contributing federal political committee.	FL 33618	Amount of Each Receipt this Period 322.00
	Name of Employer HCR Manor Care, Inc.	Occupation Sr. Administrator - Palm Harbor	Bi-weekly payroll deduction \$46 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 598.00	
_	Full Name (Last, First, Middle Initial) Sephanie M Marcotullio		Date of Receipt
	Mailing Address 49895 Waterstone Es	tates Circle	06 16 2010
	City <u>Northville</u>	State Zip Code MI 48168	Transaction ID: SA11AI.31946 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	104.70
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deduction \$17.45 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 206.34	
	SUBTOTAL of Receipts This Page (optional)	1	692.08

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 67 (check only one) X 11a
A 0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	atements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Janet Mastrangelo (Howells) Mailing Address 266 Crossing Creek No	orth	Date of Receipt
	City Gahanna	State Zip Code OH 43230	Transaction ID: SA11AI.31958 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	484.61
	Name of Employer HCR.ManorCare, Inc. Receipt For: Primary General Other (specify)	Occupation Assistant Vice President of Rehab Aggregate Year-to-Date ▼ 946.13	Bi-weekly payroll deducti- on \$69.23 /pay
3.	Full Name (Last, First, Middle Initial) Jill Matelan Mailing Address 700 Golden Drive		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.31959
	Blandon	PA 19510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	194.99
	Name of Employer HCR Manor Care, Inc	Occupation Administrator - Sinking Spring	Bi-weekly payroll deducti- on \$27.98 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 357.65	
	Full Name (Last, First, Middle Initial) William J McDaniel II		Date of Receipt
	Mailing Address 7420 Nightingale Dr. #	13	06 23 2010
	City Holland	State Zip Code OH 45328	Transaction ID: SA11AI.31961
	FEC ID number of contributing federal political committee.	C 45328	Amount of Each Receipt this Period 139.42
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$16.87 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 286.48	
	SUBTOTAL of Receipts This Page (optional)		819.02

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purpos NAME OF COMMITT	es, other than using the name and EE (In Full)	may not be sold or used by any pers d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
HCR Manor Care			
Full Name (Last, First Murry J Mercier	,		Date of Receipt
	10 Oak Bluff Lane		06 23 2010
City Maumee	State OH	e Zip Code 43537	Transaction ID: SA11AI.31966 Amount of Each Receipt this Period
FEC ID number of co	ntributing		1346.17
Name of Employer HCR ManorCare Inc.	Occup VP Di	oation ir of Information Serv	Bi-weekly payroll deducti- on \$192.31 /pay
Receipt For: Primary Other (specify)	Aggre General	gate Year-to-Date ▼ 2500.03	
Full Name (Last, First William Milianes	, Middle Initial)		Date of Receipt
Mailing Address 16	9 Sheridan Ave.		05 19 2010
City	State	'	Transaction ID: SA11AI.31970
Ho Ho Kus FEC ID number of co federal political comm		07423	Amount of Each Receipt this Period 82.52
Name of Employer HCR ManorCare Inc.	Occup Execu	oation utive Director	Bi-weekly payroll deducti- on \$20.63 /pay
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 206.30	
Full Name (Last, First Scott Miller	, Middle Initial)		Date of Receipt
Mailing Address 19	8 Old Mill Drive		06 23 2010
City Langhorne	State PA	'	Transaction ID: SA11AI.31973
FEC ID number of co federal political comm	ntributing	19047	Amount of Each Receipt this Period 357.72
Name of Employer HCR ManorCare Inc.	Occup Sr Ad	oation Iministrator	Bi-weekly payroll deducti- on \$51.35 /pay
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 655.44	
SUBTOTAL of Receipts	This Page (optional)		1786.41

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 67 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personant and address of any political committee to	
HCR Manor Care PAC		
Full Name (Last, First, Middle Initial) Michael D Mobley Mailing Address 8021 Vegas Court		Date of Receipt
City	State Zip Code	0 6 0 8 2 0 1 0 Transaction ID: SA11AI.31674
West Chester	OH 45069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms Susan Morey	1	Date of Receipt
Mailing Address 700 Hunters Road		05 26 2010
City	State Zip Code	Transaction ID: SA11AI.31978
Mohnton	PA 19540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00 Bi-weekly payroll deducti-
Name of Employer HCR.ManorCare, Inc.	Occupation Regional Director of Operations	on \$55 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	605.00	
Full Name (Last, First, Middle Initial) Martha E Mosley		Date of Receipt
Mailing Address 2116 11th St.		05 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.31980
Altoona	PA 16601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$26.25 /pay
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	262.50	
SUBTOTAL of Receipts This Page (optional)		630.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Deborah T Mullane Mailing Address 808 Latshaw Rd. City Spring City FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code PA 19475 C Occupation Director of Nursing Aggregate Year-to-Date 201.83	Date of Receipt M M Z 3 Z 0 1 0 Transaction ID: SA11AI.31982 Amount of Each Receipt this Period 110.63 Bi-weekly payroll deduction \$16.61 /pay
Full Name (Last, First, Middle Initial) Melinda K Muller Mailing Address 31682 Corte Encinas City Temecula FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care Inc Receipt For: Primary General Other (specify)	State Zip Code CA 92592 C Occupation Administrator Aggregate Year-to-Date 345.00	Date of Receipt M M D D 2010 Transaction ID: SA11AI.31983 Amount of Each Receipt this Period 210.00 Bi-weekly payroll deduction \$35 /pay
Full Name (Last, First, Middle Initial) Kevin Murphy Mailing Address 6751 Hampsford Circle City Toledo FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43617 C Occupation Regional Dir of Ops Aggregate Year-to-Date 310.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		450.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 67 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Terrance Murphy Mailing Address 2379 Schaffer Road City Pottstown FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code PA 19464 C Occupation Administrator Aggregate Year-to-Date 352.46	Date of Receipt M M M / D D / 2 3
Full Name (Last, First, Middle Initial) David K Nees Mailing Address 5315 Rymoor Drive City Sylvania FEC ID number of contributing federal political committee. Name of Employer HCR. Manor Care, Inc Receipt For: Primary General Other (specify)	State Zip Code OH 43560 C Occupation Associate General Counsel Aggregate Year-to-Date 1169.74	Date of Receipt M M
Full Name (Last, First, Middle Initial) Linda Neumann Mailing Address 28 Roslyn Road City Grosse Pointe Shor FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify)	State Zip Code MI 48236 C Occupation Regional Director of Operation Aggregate Year-to-Date 1326.86	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		1488.86

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each of	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 37 / 67 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) HCR Manor Care PAC	d Statements may not be sold the name and address of any p	or used by any perso political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms Leslie Ohm Mailing Address 12331 South 71st A	venue		Date of Receipt
City Palos Heights	State Zip Cod IL 60463	le	Transaction ID: SA11AI.31996 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		403.83
Name of Employer HCR.ManorCare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Director of Aggregate Year-to-Date	•	Bi-weekly payroll deducti- on \$57.69 /pay
Full Name (Last, First, Middle Initial) Mr. David Parker Mailing Address 2154 Tremont Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: SA11Al.31997
Columbus FEC ID number of contributing federal political committee.	OH 43212	0 0	Amount of Each Receipt this Period 879.82
Name of Employer HCR.ManorCare, Inc.	Occupation VP Assistant Gener	al Manager	Bi-weekly payroll deducti- on \$129.81 /pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	e ▼ 1624.06	
Full Name (Last, First, Middle Initial) Richard A Parr II			Date of Receipt
Mailing Address 2253 Gray Fox Cou	rt		0 6 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod	le	Transaction ID: SA11AI.31998
Ann Arbor FEC ID number of contributing federal political committee.	MI 48103		Amount of Each Receipt this Period 1152.00
Name of Employer HCR Manor Care, Inc.	Occupation VP - General Couns	sel & Secretary	Bi-weekly payroll deducti- on \$192 /pay
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	e ▼ 2304.00	
SUBTOTAL of Receipts This Page (optiona)		2435.65

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions
HCR Manor Care PAC		
Full Name (Last, First, Middle Initial) Karen S Petyko Mailing Address 14108 Doffin Street		Date of Receipt
		05 19 2010
City	State Zip Code	Transaction ID: SA11AI.32000
Cedar Lake	IN 46303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.30
Name of Employer HCR ManorCare Inc.	Occupation Assistant Administrator	Bi-weekly payroll deducti- on \$28.75 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.40	
Full Name (Last, First, Middle Initial) Luke T Pile	ı	Date of Receipt
Mailing Address 6690 Hauser Rd C-20	05	05 26 7 2010
City	State Zip Code	Transaction ID: SA11AI.32002
Macungie	PA 18062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	112.50
Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$22.50 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	247.50	
Full Name (Last, First, Middle Initial) Clifton J Porter II		Date of Receipt
Mailing Address 3929 Azalea Circle		0 6 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.32003
Maumee	OH 43537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	458.49
Name of Employer HCR ManorCare Inc.	Occupation AVP^ Government Relations	Bi-weekly payroll deducti- on \$65.58 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	850.83	
UBTOTAL of Receipts This Page (optional)		686.29

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	urposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Michael J Reed Mailing Address City Naples FEC ID number federal political of Name of Employ HCR Manor Car Receipt For: Primary Other (spe	of contributing committee. er e, Inc.		Zip Code 34109 n ted Living Operations Year-to-Date ▼	Date of Receipt M M M D D D 2 0 1 0
Full Name (Last	First, Middle Initial) eyer 13 Gregory Drive of contributing committee. er e, Inc. General	<u> </u>	Zip Code 07847	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 2 3 2 0 1 0 Transaction ID: SA11AI.32011 Amount of Each Receipt this Period 257.62 Bi-weekly payroll deduction \$37 /pay
Full Name (Last, Deborah A Reitz Mailing Address City Stewartstown FEC ID number federal political of the Manor Car Receipt For: Primary Other (spe	of contributing committee. Fer e, Inc.		Zip Code 17363 n Director of Ops Year-to-Date ▼ 512.50	Date of Receipt M M / D D / Y Y Y Y Y O 6 23 2010 Transaction ID: SA11AI.32012 Amount of Each Receipt this Period 287.50 Bi-weekly payroll deduction \$50 /pay
SUBTOTAL of Re	ceipts This Page (optional)			1506.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John I Remenar Mailing Address 2723 Rexton Ridge Ro City Toledo FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43617 C Occupation VP Financial Services Aggregate Year-to-Date 1696.14	Date of Receipt M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.32013 Amount of Each Receipt this Period 1319.22 Bi-weekly payroll deduction \$188.46 /pay
Full Name (Last, First, Middle Initial) Patricia B Richards Mailing Address P.O. Box 754 City Shady Spring FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code WV 25918 C Occupation Area Human Resource Director Aggregate Year-to-Date 445.00	Date of Receipt M M / D D / Y Y Y Y Y D 0 6 2 3 2 0 1 0 Transaction ID: SA11AI.32019 Amount of Each Receipt this Period 205.00 Bi-weekly payroll deduction \$25 /pay
Full Name (Last, First, Middle Initial) Damian M Rodgers Mailing Address 4647 Calico Court City Monclova FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43542 C Occupation Legal Counsel Aggregate Year-to-Date 494.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		1790.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HCR Manor Care PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lynette M Rugg Mailing Address 1348 Oakland Circle City N. Aurora FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code IL 60542 C Occupation Administrator Aggregate Year-to-Date 425.05	Date of Receipt M M D D Z Z D D
Full Name (Last, First, Middle Initial) Richard G Rump Mailing Address 2423 Heather Glen Dr City Maumee FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Inc. Receipt For: Primary General Other (specify)	State Zip Code OH 43537 C Occupation Dir^ Corporate Communication Aggregate Year-to-Date 700.05	Date of Receipt M M / D D / Y Y Y Y Y O 6 23 2010 Transaction ID: SA11AI.32024 Amount of Each Receipt this Period 376.95 Bi-weekly payroll deduction \$53.85 /pay
Full Name (Last, First, Middle Initial) Angela G Russo Mailing Address 4950 Cypress Pike Circulate 101 City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code VA 23455 C Occupation Gen Mgr Central Div 4H Aggregate Year-to-Date 667.00	Date of Receipt M M D D 23 2010
SUBTOTAL of Receipts This Page (optional)		888.98

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	HCR Manor Care PAC		
	Full Name (Last, First, Middle Initial) David A Saunders		Date of Receipt
	Mailing Address 14661 Bellino Terrace	Unit 202	06 23 7 9 9 9
	City	State Zip Code	Transaction ID: SA11AI.32028
	Bonita Springs	FL 34135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	177.66
	Name of Employer HCR ManorCare Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$25.38 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	329.94	
	Full Name (Last, First, Middle Initial) Mr. Mark Schroepfer		Date of Receipt
	Mailing Address 2328 Bonnie Brae		0 6 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.32030
	Santa Ana	CA 92706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer HCR.ManorCare, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$25 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Mr. Edward Schuch	<u> </u>	Date of Receipt
	Mailing Address 304 Adriana Court		0 6 2 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.32031
	Northhampton	PA 18067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	175.96
	Name of Employer HCR Manor Care, Inc.	Occupation Administrator	Bi-weekly payroll deducti- on \$25 /pay
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	331.72	
Г		l	453.62

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43/67 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) HCR Manor Care PAC	and name and add	area or any poniosa committee to	y solicit contributions from each committee.
Full Name (Last, First, Middle Initial) Kenneth P Schuster			Date of Receipt
Mailing Address 2074 Cameo			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.32032
Lewisville FEC ID number of contributing federal political committee.	C	75067	Amount of Each Receipt this Period 181.12
Name of Employer HCR Manor Care, Inc.	Occupation Administ		Bi-weekly payroll deducti- on \$25 /pay
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 340.30	
Full Name (Last, First, Middle Initial) Ms Lynnette Seiler-Wirth			Date of Receipt
Mailing Address 117 Founders Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bethlehem	State PA	Zip Code 18020	Transaction ID: SA11AI.31612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer HCR Manor Care	Occupation Administ		Contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gregory Seiple			Date of Receipt
Mailing Address 1102 Meily Street			05 26 2010
City Lebanon	State PA	Zip Code 17046	Transaction ID: SA11AI.32033
FEC ID number of contributing federal political committee.	C	17046	Amount of Each Receipt this Period
Name of Employer HCR Manor Care, Inc.	Occupation Senior C	n onsultant Systems	Bi-weekly payroll deducti- on \$20 /pay
Receipt For: Primary General Other (specify) ▼	_ , '	e Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		531.12

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	HCR Manor Care PAC			
. <u>J</u>	Full Name (Last, First, Middle Initial) loyce Louise Smith			Date of Receipt
N	Mailing Address 3521 Cedar Creek Co	urt		06 23 2010
C	Dity	State	Zip Code	Transaction ID: SA11AI.32037
1	<u>Maumee</u>	OH	43537	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1476.92
N H	Name of Employer HCR ManorCare Inc.	Occupation VP^ Clini	n cal Services	Bi-weekly payroll deducti- on \$218.46 /pay
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2630.78	
	Full Name (Last, First, Middle Initial) Marionlee J Specter			Date of Receipt
N	Mailing Address 5286 Sell Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.32041
_	New Tripoli	PA	18066	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		140.00
N H	Name of Employer HCR ManorCare Inc.	Occupation Executive		Bi-weekly payroll deducti- on \$35 /pay
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Steven D Spencer			Date of Receipt
N	Mailing Address 1102 Towsley Ln			0 4
	City	State	Zip Code	Transaction ID: SA11AI.31608
_	Ann Arbor	MI	48105	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1000.00
_	Name of Employer HCR ManorCare Inc.	Occupation VP Huma	n an Resources	Contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	BTOTAL of Receipts This Page (optional)			2616.92

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from su or for commercial purposes, ot NAME OF COMMITTEE (II HCR Manor Care PAC	her than using the name and a	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Jane L Stilwell Mailing Address 2351 S. City Springfield FEC ID number of contribut federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For: Primary Ger Other (specify)	State MO ting C Occupa Mobile	Zip Code 65804 tion Administrator ate Year-to-Date ▼	Date of Receipt M M M
City Lititz FEC ID number of contribut federal political committee. Name of Employer HCR Manor Care, Inc. Receipt For:	State PA ting Occupa Admini		Date of Receipt M M
Full Name (Last, First, Middoms. Victoria Strom Mailing Address Route 1 City Victoria FEC ID number of contribut federal political committee. Name of Employer HCR.ManorCare, Inc. Receipt For: Primary Ger Other (specify)	State IL ting C Occupa	Zip Code 61485 tion ate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This	Page (optional)		598.75

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate scl for each category Detailed Summa	of the (Check only only)
\ \ \	r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	HCR Manor Care PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Eric Talbert		Date of Receipt
	Mailing Address 7231 Stonewater Ct		06 23 7 2010
	City Maumee	State Zip Code OH 43537	Transaction ID: SA11AI.32057
	FEC ID number of contributing federal political committee.	C 45557	Amount of Each Receipt this Period 140.00
	Name of Employer HCR Manor Care, Inc.	Occupation Div. Director of Operations	Bi-weekly payroll deducti- on \$20 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	260.00
 3.	Full Name (Last, First, Middle Initial) Cyndi K Taplin	l .	Date of Receipt
	Mailing Address 5405 Buttrick SE		06 23 2010
	City	State Zip Code	Transaction ID: SA11AI.32058
	Alto FEC ID number of contributing federal political committee.	MI 49302	Amount of Each Receipt this Period 552.68
	Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Ops	Bi-weekly payroll deducti- on \$75 /pay
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	044.20
- ;.	Full Name (Last, First, Middle Initial) Ms Vicki Tomer		Date of Receipt
	Mailing Address 500 Buckingham Place	e	05 28 2010
	City Shorewood	State Zip Code	Transaction ID: SA11AI.31672
	FEC ID number of contributing federal political committee.	IL 60431	Amount of Each Receipt this Period 1000.00
	Name of Employer HCR Manor Care, Inc.	Occupation Senior Administrator	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
	SUBTOTAL of Receipts This Page (optional)	1	1692.68

SCHEDULE A (FEC FO	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 67 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other	Reports and Statements may not be sold or used by any phan using the name and address of any political committed.	person for the purpose of soliciting contributions see to solicit contributions from such committee.
HCR Manor Care PAC		
Full Name (Last, First, Middle In Rami Ubaydi		Date of Receipt
Mailing Address 27134 Pun	pkin Street	06 23 2010
City	State Zip Code	Transaction ID: SA11AI.32067
<u>Murrieta</u>	CA 92562	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	307.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deducti- on \$57 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary Genera Other (specify) ▼	607.00	
Full Name (Last, First, Middle Ir Teresa A Weckle	itial)	Date of Receipt
Mailing Address 1000 Little	Creek	0 6 2 3 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.32072
Perrysburg	OH 43551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	280.00
Name of Employer HCR ManorCare Inc.	Occupation Director Business Systems	Bi-weekly payroll deducti- on \$40 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ Genera Other (specify) ▼	280.00	
Full Name (Last, First, Middle In Mark A Wilson	itial)	Date of Receipt
Mailing Address 140 Packe	Drive	06 23 2010
City	State Zip Code	Transaction ID: SA11Al.32076
Charles Town	WV 25414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer HCR Manor Care, Inc.	Occupation Regional Director of Operations	Bi-weekly payroll deducti- on \$25 /pay
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ Genera Other (specify) ▼	325.00	
	e (optional)	762.00

В.

PAGE 48 / 67 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HCR Manor Care PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms Sherriann Wood Mailing Address 5 Aberfield Lane 0 6 23 2010 City State Zip Code Transaction ID: SA11AI.32078 Miamisburg OH 45342 Amount of Each Receipt this Period FEC ID number of contributing 344.70 C federal political committee. Bi-weekly payroll deduction \$25 /pay Name of Employer HCR.ManorCare, Inc. Occupation RDO - Central Division Region 2 Receipt For: Aggregate Year-to-Date General Primary 698.34 Other (specify) Full Name (Last, First, Middle Initial) Cynthia M Zalewski Date of Receipt Mailing Address 3845 Drummond Rd 0 6 23 2010 City State Zip Code Transaction ID: SA11AI.32082 Toledo OH 43613 Amount of Each Receipt this Period FEC ID number of contributing C 296.17 federal political committee. Bi-weekly payroll deduction \$42.31 /pay Name of Employer HCR ManorCare Inc. Occupation Senior Attorney Receipt For: Aggregate Year-to-Date Primary General

SUBTOTAL of Receipts This Page (optional)	•	640.87
TOTAL This Period (last page this line number only)	•	44657.86

536.89

Other (specify)

В.

C.

SCHEDULE B (FEC Form 3X) Use separate schedule for each category of				OR LIN		R:			PA	GE	49 / 6	67	
ITEMIZED DISBURSEMENTS		ategory of the Summary Page	X	-	22 28a		23 28b		24 28c		25 29	\longrightarrow	6 0b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)													
HCR Manor Care PAC													
Full Name (Last, First, Middle Initial) The Huntington National Bank Mailing Address P.O. Box 5065					Date o		isburs				579 0 1 0	Y	
	.				-	_							_
,	State OH	Zip Code 44101-0065			Amou	nt o	f Each	ı Di	isburse	men	-		1
Purpose of Disbursement Service Fees							•			_	2.15		_
Candidate Name			te Ty	gory/ pe									
Office Sought: Senate President State: Disburse	ment For: Primary Other (spec	General											
Full Name (Last, First, Middle Initial) The Huntington National Bank					Date o		-					V	_
Mailing Address P.O. Box 5065					0 5		໌ _ ັ () 4	J L	2	0 i c)	
,	State OH	Zip Code 44101-0065			Amou	nt o	f Each	ı Di	isburse	men	t this F	Period	_
Purpose of Disbursement Service Fees				•	L.		-				26.55		
Candidate Name			ate Ty	gory/ pe									
Senate President	ment For: Primary Other (spec	General cify) ▼											
State: District: Full Name (Last, First, Middle Initial)					Trans	acti	on ID	:	SB21E	3.32	2192		_
The Huntington National Bank					Date o		isburs	em	ent			Υ	
Mailing Address P.O. Box 5065					0 6		(3		2	0 i c)	
City Cleveland	State OH	Zip Code 44101-0065			Amou	nt o	f Each	ı Di	isburse	men	t this F	Period	_
Purpose of Disbursement Service Fees			U		L.		-				34.80		_
Candidate Name			ate Ty	gory/ pe									
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	☐ General											
State: District:	(opor	- <i>J</i> / ▼											_
SUBTOTAL of Disbursements This Page (optional)			 	<u> </u>						. (63.50	,	

TOTAL This Period (last page this line number only)

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 50 / 67 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) HCR Manor Care PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.32205 The Huntington National Bank Date of Disbursement 03 0 6 2010 Mailing Address P.O. Box 5065 City State Zip Code Amount of Each Disbursement this Period Cleveland OH 44101-0065 1.65 Purpose of Disbursement Credit Card Fees - Turner Byrd Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.32194 The Huntington National Bank Date of Disbursement 16 0 6 2010 Mailing Address P.O. Box 5065 City State Zip Code Amount of Each Disbursement this Period Cleveland 44101-0065 OH 0.40 Purpose of Disbursement Service Fees Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	2.05
TOTAL This Period (last page this line number only)	•	65.55

Primary

Other (specify)

State:

ITE		3 (FEC Form	, US	e separ	rate schedule(s)	_		NUMBE	H:	_ P/	AGE 51/	6/
	EMIZED DIS	SBURSEMEN	TS for	each c	ategory of the Summary Page		eck only 21b 27	one) 22 28a	X 23 28b	24 28c	25 29	
		ed from such Reports				d by any p	erson f	or the pu	rpose of s	oliciting c	ontribution	-
	NAME OF COMI	rposes, other than usin	ng the name and	addres	s of any political	committe	ee to soi	icit contr	butions tr	om sucn	committee	
\	HCR Manor Ca	` '										
	Full Name (Last, ADLER FOR (First, Middle Initial)							action ID of Disburs	: SB23 ement	.31617	
Ņ	Mailing Address	14 Knightswood	d Dr.					0 ^M 5	M / D	0 /	Ž01() ^Y
1	City Marlton		State NJ		Zip Code 08053			Amou	nt of Each	Disburse	ement this	
(ursement event held May 24th				011					1000.00)
	Candidate Name JOHN H. ADLI		T			Catego Type	•					
(Office Sought:	X House Senate President	Disbursement X Prin Oth		2010 General							
	State: NJ	District: 03										
		First, Middle Initial) EADERSHIP PAC							f Disburs		.31670	
<u></u>	Mailing Address	607 14th Street	i, NW, Suite 80	00				0 ^M 5	M / D	28	Ž010) `
	City Washington		State DC		Zip Code 20005			Amou	nt of Each	Disburse	ement this	
	Purpose of Disbu Contribution for e	ursement event held June 3rd.				011					5000.00)
-	Candidate Name					Catego Type						
,	Office Sought:	House	Disbursement	For:	General							
(Senate President		er (spec	cify)							
	State:	President District:		er (spec	cify) 🔻							
Ş		President District: First, Middle Initial)		er (spec	cify) ▼			Date o	f Disburs		.31596	
5 F E	Full Name (Last,	President District: First, Middle Initial)	Oth					Date o	f Disburs		.31596 ° 2010) ^Y
5 F E - N	Full Name (Last, BENNET FOR	President District: First, Middle Initial) COLORADO	Oth	E 1170				Date of 0 4	of Disburs	ement	Y 2010	Period
5 F E N	Full Name (Last, BENNET FOR Mailing Address City DENVER Purpose of Disbucontribution	President District: First, Middle Initial) COLORADO 1900 GRANT S	STREET SUITE	E 1170) Zip Code	011		Date of 0 4	of Disburs	ement	ž 0 1 (Period
5 F E N C C C	Full Name (Last, BENNET FOR Mailing Address City DENVER Purpose of Disbu	President District: First, Middle Initial) COLORADO 1900 GRANT S	STREET SUITE	E 1170) Zip Code	011 Catego Type	ory/	Date of 0 4	of Disburs	ement	Y 2010	Period
F E E	Full Name (Last, BENNET FOR Mailing Address City DENVER Purpose of Disbucontribution Candidate Name	President District: First, Middle Initial) COLORADO 1900 GRANT S	STREET SUITE State CO Disbursement Prin	E 1170	Zip Code 80203	Catego	ory/	Date of 0 4	of Disburs	ement	Y 2010	Perioc
5 F E E E E E E E E E E E E E E E E E E E	Full Name (Last, BENNET FOR Mailing Address City DENVER Purpose of Disbuton Contribution Candidate Name MICHAEL F Bl	President District: First, Middle Initial) COLORADO 1900 GRANT S ursement ENNET House X Senate	STREET SUITE State CO Disbursement Prin	E 1170	Zip Code 80203	Catego	ory/	Date of 0 4	of Disburs	ement	Y 2010	Period

	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	7 one) ☐ 22
		Detailed	Summary Fage	27	28a 28b 28c 29
	/ Information copied from such Reports and Staten				
ori	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addre	ess of any political	committee to so	licit contributions from such committee
\rangle	HCR Manor Care PAC				
\angle	TION Manor Gard 1710				
	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.31710
	Charlie Crist for Governor				Date of Disbursement
	Mailing Address 10130 Northlake Blvd. Suite 214-311				06 21 2010
	,	State FL	Zip Code		Amount of Each Disbursement this Period
	West Palm Beach Purpose of Disbursement	FL	33412		1500.00
	Contribution for event held on June 30th.			011	
	Candidate Name			Category/	
	000		00.10	Туре	
	· -	ement For: Primary	2010 General		
	President	Other (spe			
	State: District:		•		
	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.31712
	Charlie Crist for Governor				Date of Disbursement
	Mailing Address 10130 Northlake Blvd. Suite 214-311				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & I & I \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
		State	Zip Code		Amount of Each Disbursement this Period
	West Palm Beach Purpose of Disbursement	FL	33412		2000.00
	Contribution for event held on June 30th.			011	
	Candidate Name			Category/	
				Туре	
	Office Sought: House Disburse Senate	ement For: Primary	2010 X General		
	President	Other (spe			
	State: District:	` '	<i>37</i> , 4		
	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.31668
	CITIZENS FOR ALTMIRE				Date of Disbursement
	CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776	State PA	Zip Code 15042		Date of Disbursement
	CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City			011	Date of Disbursement
	CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom Purpose of Disbursement			011 Category/ Type	Date of Disbursement M 5 M / D 2 6 / Y 2 0 1 0 Y Amount of Each Disbursement this Period
	CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom Purpose of Disbursement Contribution for event held on June 1st. Candidate Name Office Sought: House Senate	ement For:	2010 X General	Category/	Date of Disbursement M 5 M / D 2 6 / Y 2 0 1 0 Y Amount of Each Disbursement this Period
	CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom Purpose of Disbursement Contribution for event held on June 1st. Candidate Name Office Sought: House Disburse	PA ement For:	2010 X General	Category/	Date of Disbursement M 5 M / D 2 6 / Y 2 0 1 0 Y Amount of Each Disbursement this Period
	CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom Purpose of Disbursement Contribution for event held on June 1st. Candidate Name Office Sought: House Senate President	ement For:	2010 X General	Category/	Date of Disbursement M 5 M / D 2 6 / Y 2 0 1 0 Y Amount of Each Disbursement this Period

Transaction ID: SB23.31705 Condition for event held May 19th Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CONGRESSIONAL BLACK CAUCUS PAC Mailing Address 227 Massachusetts Ave., NW Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Condidate Name Office Sought: House Senate President State: District: Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement Office Sought: House Senate Disbursement Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement this Perious Period Date of Disbursement this Period Date of Disbursement Other (specify) ▼ Transaction ID: SB23.31705 Date of Disbursement Other (specify) ▼ Transaction ID: SB23.32210 Date of Disbursement Transaction ID: SB23.32210	CHEDULE B (FEC	•		arate schedule(s)		FOR LIN (check or	E NUMBE nly one)	R:	LP	AGE	53 / 6	7_
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) HOR Manor Care PAC Full Name (Last, First, Middle Initial) CONGRESSIONAL BLACK CAUCUS PAC Mailing Address 227 Massachusetts Ave., NW City State Zip Code DC 20002 Purpose of Disbursement Contribution for event held May 19th Candidate Name OCHIOLOGRESSIONAL BLACK CAUCUS PAC Mailing Address 227 Massachusetts Ave., NW City State President State: District: Full Name (Last, First, Middle Initial) CONGRESSIONAL BLACK CAUCUS PAC Mailing Address 227 Massachusetts Ave., NW City State Zip Code DC 20002 Purpose of Disbursement Contribution for event held July 23-25. Cardidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Confice Sought: House President State: District: Full Name (Last, First, Middle Initial) Confice Sought: Amount of Each Disbursement this Peri Cardidate Name Contribution for event held July 23-25. Cardidate Name City Chicago House Senate President State Zip Code Disbursement Contribution for event held on June 29th Candidate Name Chicago City State Zip Code Date of Disbursement this Peri Category' Type City Chicago City State Zip Code Date of Disbursement this Peri Category' Type City Chicago City			Detailed	Summary Page		27	28a	28b	280		29	
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Mailing Address 686 58th PI.			05 26	^Y 2010 ^Y
City West Des Moines	State Zip Code IA 50266		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Contribution for event held June 14th.				250.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Dave Aronberg for Attorney General			Transaction ID: S	
Mailing Address P.O. Box 540872			06 / 23	YŽOĬOŸ
City Greenacres	State Zip Code FL 33454		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Contribution for event held July 5th.				500.00
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 5	SB29.31698
Denise Grimsley Campaign			Date of Disburseme	
Mailing Address P.O. Box 822			0 6 0 3	2010
City Lake Placid	State Zip Code FL 33862		Amount of Each Dis	sbursement this Period
Purpose of Disbursement Contribution for event held on June 16th.		011		500.00
Candidate Name		Category/ Type		
Senate X President	ement For: 2010 Primary General Other (specify)			
State: District:				• • • • • • • • • • • • • • • • • • • •
SUBTOTAL of Disbursements This Page (optional)		>		1250.00
TOTAL This Period (last page this line number only)	·	>		(Form 3X) (Revised 02)

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)) FOR LINE (check on	E NUMBER: PAGE 61 / 67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	and address of any pointed		
HCR Manor Care PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.31634
Friends of Armond Budish			Date of Disbursement
Mailing Address 23240 Chagrin Blvd. Building 4			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Beachwood	State Zip Code OH 44122		Amount of Each Disbursement this Period
Purpose of Disbursement	OH 44122		1500.00
Campaign Contribution			
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi			Transaction ID: SB29.31603 Date of Disbursement
Mailing Address 323 West Front Street			0 4 Disbursement 2 0 1 0 1 6 / 2 0 1 0
City	State Zip Code		Amount of Each Disbursement this Perio
Media	PA 19063		
Purpose of Disbursement Contribution for event held on May 20th.			1000.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Friends of Heard			Transaction ID: SB29.31643 Date of Disbursement
Mailing Address 87 South Hampton			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & D & D & D \end{bmatrix}$
City Columbus	State Zip Code OH 43213		Amount of Each Disbursement this Perio
Purpose of Disbursement			500.00
Campaign Contribution Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify)		
State: District:			
			3000.00

		Use separate schedule(s)		OR LINE I		١١.			AGE	02 / 01	
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	25	3 8b	24 28c		25 29	26
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) HCR Manor Care PAC										
	Full Name (Last, First, Middle Initial) Friends of Jay Goyal Mailing Address 810 Piper Rd.				Date o	action of Disb		ent	.3164 ° 2′	1 0 1 0 `	′
	City Mansfield Purpose of Disbursement Campaign Contribution Candidate Name	State Zip Code OH 44905		gory/	Amou	nt of E	ach D	isburs	ement 75	this Pe	eriod
	Senate President State: District:	ement For: Primary General Other (specify)	Ту	pe							
	Full Name (Last, First, Middle Initial) Friends of Jim Lykam Mailing Address 2906 W. 35th St.					action of Disb		nent		4 0 1 0 `	(
	City Davenport Purpose of Disbursement Contribution for event held June 14th. Candidate Name	State Zip Code IA 52806	Cate	gory/	Amou	nt of E	ach D	isburs	ement 25	this Pe	eriod
	Senate President State: District:	ement For: Primary General Other (specify) ▼									
	Full Name (Last, First, Middle Initial) Friends of Linda Bolon Mailing Address 43 Pueblo Lane				Date of			nent		8 0 1 0 `	′
	City Columbiana Purpose of Disbursement Campaign Contribution Candidate Name	State Zip Code OH 44408	Cate	gory/	Amou	nt of E	ach D	isburs	ement 50	this Pe	eriod
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	· y								
	-					-				0.00	

	Use separate schedule(s	(check onl	E NUMBER: PAGE 63 / 67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 23 24 25 2 28a 28b 28c X 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) HCR Manor Care PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.31635
Friends of Matt Szollosi			Date of Disbursement
Mailing Address 1660 Grand Bay Drive)		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Y \\ Q & Q & I & O \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Oregon	OH 43616	1	1000.00
Purpose of Disbursement Campaign Contribution			1000.00
Candidate Name		Category/ Type	
Senate President	ursement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Friends of Senator Edd Houck			Transaction ID: SB29.31580 Date of Disbursement
Mailing Address P.O. Box 7			$\begin{bmatrix} \begin{smallmatrix} M & M \\ M & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ D & D & D & Q \end{smallmatrix} $
City Spotsylvania	State Zip Code VA 22553		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution for event held on June 8th			1000.00
Candidate Name		Category/ Type	
Office Sought: House Disbute Senate President State: District:	ursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Friends of Tom Patton			Transaction ID: SB29.31587 Date of Disbursement
Mailing Address 17157 Rabbit Run Dri	ve		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 1 & 0 \\ Y & 2 & 0 & 1 & 0 \end{bmatrix}$
City Strongsville	State Zip Code OH 44136		Amount of Each Disbursement this Perio
Purpose of Disbursement Donation			500.00
Candidate Name		Category/ Type	
Senate President	ursement For: Primary General Other (specify) ▼		
State: District:			
i			2500.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 64 / 67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	, and all and a series of the			
HCR Manor Care PAC				
Full Name (Last, First, Middle Initial) Hagenow for Iowa House			Transaction IE	D: SB29.31662 sement
Mailing Address 1915 69th St.			05	2 6 Y 2 0 1 0 Y
Windsor Heights	State Zip Code IA 50322		Amount of Eac	h Disbursement this Period
Purpose of Disbursement Contribution for event held June 14th.		•		250.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	71		
Full Name (Last, First, Middle Initial) Kasich for Governor			Date of Disburs	
Mailing Address P.O. Box 06590			0 4 M	19 / 2010
City Columbus	State Zip Code OH 43206		Amount of Eac	h Disbursement this Period
Purpose of Disbursement Donation				2000.00
Candidate Name		Category/ Type		
	ment For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Kelly Skidmore Campaign			Date of Disburs	
Mailing Address P.O. Box 2143			06 / 0	23 7 2010
City Boca Raton	State Zip Code FL 33427		Amount of Eac	h Disbursement this Period
Purpose of Disbursement Contribution for event held June 30th.				500.00
Candidate Name		Category/ Type		
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				2750.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 67 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 24 25 27 28a 28b 28c X 29
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) HCR Manor Care PAC	and and address of any political con-	
Full Name (Last, First, Middle Initial)		Transaction ID: SB29.31703
Maria Sachs Campaign		Date of Disbursement
Mailing Address 212 North East 1st Av	enue	06 06 14 7 2010
City Delray Beach	State Zip Code FL 33444	Amount of Each Disbursement this Period
Purpose of Disbursement	16 33444	500.00
Contribution for event held in June		011
Candidate Name	· · · · · · · · · · · · · · · · · · ·	category/ Type
Senate President	rsement For: 2010 X Primary General Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) Pam Bondi for Attorney General		Transaction ID: SB29.31724 Date of Disbursement
Mailing Address 701 S. Howard Avenue Ste 106232	9	06 06 0 23 7 2010
City Tampa	State Zip Code FL 33606	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution for event held on July 5th.		500.00
Candidate Name	· · · · · · · · · · · · · · · · · · ·	Category/ Type
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)	.,,,,,
Full Name (Last, First, Middle Initial) Strickland for Governor		Transaction ID: SB29.32217 Date of Disbursement
Mailing Address 65 East State Street Suite 1800		05 0 28 7 2010
City Columbus	State Zip Code OH 43215	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		5000.00
Candidate Name		Category/ Type
Senate President	rsement For: Primary General Other (specify)	20:5
State: District:		

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check onli	NUMBER: PAGE 66 / 67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) HCR Manor Care PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.31649
Sykes for Congress			Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 133 Furnace Run Dr.			05 14 2010
City Akron	State Zip Code OH 44307		Amount of Each Disbursement this Period
Purpose of Disbursement	011 44007		1500.00
Campaign Contribution			
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Thede for Iowa Families			Transaction ID: SB29.31665 Date of Disbursement
Mailing Address 2343 Hawthorne Ct.			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & C & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & D & D \\ Y & Z & O & T & O \end{smallmatrix} \end{bmatrix}$
City Bettendorf	State Zip Code IA 52722		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution for event held June 14th.		0 0	250.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: Disbur	sement For: Primary General Other (specify) ▼	1360	
Full Name (Last, First, Middle Initial) Tom Corbett for Governor			Transaction ID: SB29.31709 Date of Disbursement
Mailing Address P.O. Box 3402			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
City Alexandria	State Zip Code VA 22302		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution for event held June 24th.		011	5000.00
Candidate Name		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify)		
State: District:			
			6750.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statement	for each category of the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person for t	22 23 24 25 26 28a 28b 28c X 29 30b for the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) HCR Manor Care PAC	and address of any political committee to so	licit contributions from such committee
Full Name (Last, First, Middle Initial) Ward for Senate Mailing Address 4205 Oakwood Ln		Transaction ID: SB29.31659 Date of Disbursement M 5 M / D 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code IA 50265 Category/ Type	Amount of Each Disbursement this Period 250.00
Office Sought: House Disburser Senate President State: District:	**	

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	26250.00